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IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Ident. Number 94-7386

Date Received: 2/9/09

Receipt No: N019922 N020012

Received By: [Signature]

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s) Edwin Erickson Phone (208) 682-9180Mailing Address P.O. Box 146 Kingston ID Zip 83839
Street or Box City State2. Date of Priority: (Only one per claim) July 31, 2001
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other (☒) (a) Spring
which is tributary to (b) Trail Creek4. Location of Point of Diversion is: Township 52N, Range 01E BM, Section 24,
SW 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Shoshone;
Parcel (PIN) no. SW 1/4

Additional points of diversion if any: _____

If available, GPS coordinates: _____

5. Description of diverting works (Wells, Pumps, Spring boxes, Pipelines, Etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.

Spring and pipelines

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For domestic purposes from 01/01 ^{Month/Day} to 12/31 ^{Month/Day} amount 0.11 ^{cfs (✓) or AFY ()}

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.11 cfs (✓) or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) 12 cabinsSCANNED
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9. Location of Place of Use is: Township 52N, Range 01E, Section 24,
SW 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
for (Check One) SW 1/4 **Domestic** (☒) **Stock** () **Domestic and Stock** ()
If different than shown in Item 4

Additional places of use, if any 6 cabins

10. In which county (ies) are lands listed above as place of use located? Shoshone

11. Do you own the property listed above as place of use? Yes (☒) No ()

If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

None or None ()

13. Remarks:

The six cabins are used at short intervals
throughout the year

14. Basis of Claim (Check One) Beneficial Use (☒) ~~ERRO~~ Posted Notice () License (☒) Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 94-07386

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do (☒) do not () wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 3

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) Edwin Erickson, Robyn Muller POA Date: 1-27-09

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Title of _____ Organization

that I have signed the foregoing document in the space below as

Title of _____ Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

16. Notice of Appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature Edwin Erickson POA Robyn Muller
Address PO Box 1166 Kingston, ID 83839 199 Blum + Rd
Date 1/31/09 Camano, IS WA 98281
Last Name _____ Identification No. _____

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